

PTO/SB/80 (11-08)

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28694

OR



Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

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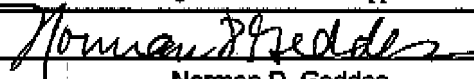
Assignee Name and Address:

Applied Systems Intelligence, Inc.
 3650 Brookside Parkway - Suite 500
 Alpharetta, GA 30022

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	4/8/09
Name	Norman D. Geddes	Telephone	770-518-4228
Title	CEO		

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